


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000019761**


1. Entity Name  
**BLOOMINGDALE BUSINESS PARTNERS, LLC**



Principal Place of Business  
**708 LITHIA PINECREST RD  
 STE 103  
 BRANDON, FL 33511**

Mailing Address  
**PO BOX 649  
 BRANDON, FL 33509-0649**

**DO NOT WRITE IN THIS SPACE**



03212007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>72-1566014</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SEFCIK, BRIAN S  
 708 LITHIA PINECREST ROAD  
 STE. 103  
 BRANDON, FL 33511**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

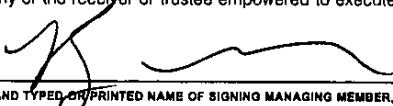
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SEFCIK, BRIAN S 708 LITHIA PINECREST RD, STE 103 BRANDON, FL 33511</b>
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 04/06/07-80018-008 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **3/26/07** (813) 689-7161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #